



CITY OF LONG BEACH
DEPARTMENT OF HUMAN RESOURCES
REQUEST FOR CATASTROPHIC LEAVE
(Reference: Personnel Policy 5.4)

COMPLETED BY EMPLOYEE OR AUTHORIZED REPRESENTATIVE

Name (please print): _____ Social Security Number: _____

Position Title: _____ Department/Bureau/Division: _____

I request permission for a Catastrophic Leave because:

Documentation attached: Yes _____ No _____ Expected date of return: _____

I authorize the posting of notices for donations:

- _____ In all City departments
- _____ In my department only
- _____ Do not post

Employee's Signature

Date

Work Phone Number

COMPLETED BY EMPLOYEE'S DEPARTMENT

☐ **APPROVED**

(I understand that, upon return from leave, employee is entitled to the same or a substantially-similar position).

☐ **DENIED**

I have denied the employee's request because: _____

I have discussed the reason(s) for denial with the employee: Yes _____ No _____

Supervisor Signature

Date

Department Head Signature

Date

(Forward all requests to the Department of Human Resources)

HUMAN RESOURCES DEPARTMENT

☐ **APPROVED**

☐ **DENIED**

Comments:

Director of Human Resources or Designee

Date